



Congressman Devin Nunes

Constituent Services Privacy Release Form



1 Please print or type all information:

Name _____ Cell Phone _____
First Middle Last

Address _____ Home/Work Phone _____

_____ Date of Birth _____
City State Zip

Petitioner Country of Birth _____ E-Mail Address _____

Name of subject person if different from above: _____ DOB _____

Address _____ Phone Number _____

_____ Country of Birth _____

2 Please complete the appropriate section below:

Immigration Inquiries

Petitioner _____ Beneficiary/Applicant _____

Case Number (or Receipt Number) _____ Date Filed _____

Office where application is pending _____ Type of Application _____

Passport Inquiries

Application Date _____ Social Security or Application # _____

Travel Destination _____ Travel Departure Date _____

3 PLEASE SIGN:

Pursuant to the Privacy Act of 1974, I authorize Congressman Nunes' Office to work on my behalf with any federal agency relevant to the matter described above and below, to receive and review any information contained in my file and, if necessary, to forward any pertinent correspondence sent by me regarding this matter. I certify, under penalty of perjury, that 1) I provided or authorized all of the information in this privacy release and any document submitted with it; 2) I reviewed and understand all of the information contained in my privacy release and submitted with it; and 3) all of this information is complete, true, and correct.

Print Name _____ Signed _____ Date _____

4 Brief description of the issue (if you need more space, attach a separate sheet).

Please return completed form to Congressman Devin Nunes at the address below:

113 N. Church Street, Suite 208
Visalia, California 93291
Ph: (559) 733-3861 Fax: (559) 733-3865